Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 16-31, 2008.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

JAN 18 2008 8:34 AM FR UCL	A RESEAR	CH ADMINIU794	10E31 TO E	319163233018 P.01			
APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUB	MITTED	plican	t Identifier			
		Sales and Constitution					
SF 424 (R&R)	3. DATE RECE	EIVED BY STATE	State App	olication identifier			
1. TYPE OF SUBMISSION	4. Federal Ide	antifice.					
Pre-application Application	4. Federal Ide	311/01/07					
Changed/Corrected Application				RECEIVED			
5. APPLICANT INFORMATION		* Organizatio	nai DUNS: 0925				
* Legal Name: The Regents of the University of Californ	nia			JAN 1 8 2008			
Department: Off of Contract & Grant Admin	Division: U	niversity of Cal,Los Angele	s	OTATE OF THE			
* Street1: 11000 Kinross Avenue, Sulte 102	Street2:			STATE CLEARING HOUSE			
* City: Los Angeles Cou	unty: Los Angele	es	* State: CA	: Califon			
Province: JNITED ST * ZIP / Postal Code: 90095-1406							
Person to be contacted on matters involving this applica	ation			. (5			
Prefix: First Name:	Middle Name:		* Last Name:	Suffix:			
Ms. Kristin			Lund				
* Phone Number: 310-794-0171 F	ax Number: 310	0-794-0631	Email: doe@	gresadmin.ucla.edu			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. TYPE OF APPLICA					
956006143		H: Public/S	State Controlled Ins	titution of Higher Education			
8. * TYPE OF APPLICATION: V New		Other (Specify):	0	and a trans			
Resubmission Renewal Continuation	Revision	- Women Owned	Small Business Or	cially and Economically Disadvantaged			
If Revision, mark appropriate box(es).		9. " NAME OF FEDERAL	AGENCY:				
A. Increase Award B. Decrease Award C. Inc	crease Duration	Chicago Service Center					
D. Decrease Duration E. Other (specify)		10. CATALOG OF FEDE	RAL DOMESTIC	ASSISTANCE NUMBER:			
" Is this application being submitted to other agencies?	Yes No	81.049					
What other Agencies?		TITLE: Office of Science	e Financial Assista	ince Program			
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJEC	CT:		-				
Templated Nanoporous Materials for Next Generation E		apacitors					
12. * AREAS AFFECTED BY PROJECT (cities, counties Los Angeles, CA	es, states, etc.)						
13. PROPOSED PROJECT:		14. CONGRESSIONAL	DISTRICTS OF:				
Start Date Ending Date		a. * Applicant		* Project			
08/01/2008 07/31/2011		CA-030	C/	4-030			
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR		ORMATION		6.25			
Prof. Sarah	Middle Name:		* Last Name: Tolbert	Suffix:			
Position/Title: Professor	Organizatio	on Name: School of Latte	rs and Sciences				
Department: Chemistry and Biochemistry	Division:						
- Street1: 607 Charles Young Drive East	Street2:	University of Ca					
The state of the s	unty: Los Angele		* State: CA	· Califon			
and the state of t	" Country: JNITI			 !			
PROF. DE SE DELESSAMON (COM)				i e			

Fax Number:

▼ Phone Number: 310-206-4767

OMB Number: 4040-0001

* Email: tolbert@chem.ucla.edu

SF 424 (R&R) APPL	ICATION JR FE	DERAL ASSIST	ANCE		Page 2		
16. ESTIMATED PROJECT FUNDING			17. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?				
a. * Total Estimated Project Funding	* Total Estimated Project Funding 788,494.00		YES 🔽 THIS PREAL	PPLICATION/APPLICATION W	'AS MADÉ ORDER 12372		
. * Total Federal & Non-Federal Funds	788,494.00		PROCESS	OR REVIEW ON:			
. * Estimated Program Income	0.00	D	ATE: 01/17/2008				
	71.44	b. I	NO PROGRAM	IS NOT COVERED BY E.O. 12	:372; OR		
			PROGRAM REVIEW	HAS NOT BEEN SELECTED E	Y STATE FOR		
"The list of confinentions and ***********************************	, or an internat site whe	re you may obtain this	list, is contained in the an	nouncement or egency specific insti			
Prefix: First Name:	M	liddle Name:		* Last Name:	Suffix:		
Ms. Kristin		<u> </u>		Lund			
* Position/Title: Grant Analyst		Organization:	The Regents of the U				
Department: Off of Contract & Gra		Division:	University of Cal,Los	Angeles			
Street1: 11000 Kinross Avenu	e,Suite 102	Street2:	YAI/				
* City: Los Angeles	Count	ly: Los Angeles	, and the same of	* State: CA: Califor			
Province:	• C	ountry: JNITED S	* ZIP / Postal C	ode: 90095-1406			
* Phone Number: 310-794-0171	Fax N	lumber: 310-943-	1656	* Email: klund@resadmin.	ucla.edu		
* Signature of Autho	rized Representati	ve		Date Signed			
Completed on subm	ssion to Grants.gov		Co	mpleted on submission to Gran	ts.gov		
20. Pre-application				Muachuerita Dalesa Assesia	ngnt View Anagament		
21. Attach an additional list of Projection	ct Congressional	Districts if needed	1.				
	Add Attachin	Tenan de la	un de 1 <mark>1558 April e</mark>	meta II			

OMB Number: 4040-0001

OMB Number: 4040-0004 Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02						
* 1. Type of Submission:						
Preapplication	New	The state of the s				
X Application	∑ Continuation	Other (Specify)				
Changed/Corrected Application	Revision					
* 3. Date Received:	4. Applicant Identifier:					
			RECEIVED			
5a. Federal Entity Identifier:		5b. Federal Award Identifier:	ILLUCIVED			
			JAN 1 8 2008			
State Use Only:			CTATE			
6. Date Received by State:	7. State Application	Identifier:	STATE CLEANING HOUSE			
8. APPLICANT INFORMATION:						
*a.Legal Name: Lake Elsi	nore, City of					
* b. Employer/Taxpayer Identification No	amber (EIN/TIN):	* c. Organizational DUNS:	100			
95-6000707	And the second s	021798863				
d. Address:						
*Street1: 130 Sout	h Main Street					
Street2:						
* City: Lake Els:	inore					
County: Riverside	e <u> </u>					
*State: Californ:	ia					
Province:			A-1			
* Country:	U	SA: UNITED STATES	A CALL OF THE PARTY WAY TO SERVE THE PARTY OF THE PARTY O			
* Zip / Postal Code: 92530						
e. Organizational Unit:						
Department Name:		Division Name:				
Redevelopment Agend	ey	Economic Development	Account of a board Application and Communication			
f. Name and contact information of person to be contacted on matters involving this application:						
Prefix:	* First Name	Steven	}			
Middle Name:						
*Last Name: McCarty						
Suffix:						
Title: Redevelopment P	roject Manager					
Organizational Affillation:						
The Redevelopment	Agency of the C	City of Lake Elsinore				
* Telephone Number: 951-674	-3124, ext. 314	Fax Number: 951-674-2	2392			
*Email: smccarty@lake	-elsinore.org					

OM8 Number: 4040-0004 Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	version 02
9. Type of Applicant 1: Select Applicant Type:	٠.
C. City Government	
Type of Applicant 2: Select Applicant Type:	Í
Type of Applicant 3: Select Applicant Type:	E.
* Other (specify):	
* 10. Name of Federal Agency:	
U.S. Economic Development Administration, Department of Commerce	
11. Catalog of Federal Domestic Assistance Number:	
11.300	
CFDA Title:	
Grants for Public Works and Economic Development Facilities	
* 12. Funding Opportunity Number:	
EDA022206	
* Title:	
FFO Announcement for Economic Development Assistance Programs	
authorized by the Public Works and Economic Development Act of	
1965, as amended	*
13. Competition Identification Number:	
N/A	
Title:	
N/A	
14. Areas Affected by Project (Cities, Countles, States, etc.):	
Cities: City of Lake Elsinore and surrounding region (e.g., Canyon	
Lake, Murrieta, Temecula); County: Riverside County; State:	
California	
* 15. Descriptive Title of Applicant's Project:	
Lake Elsinore Technology Center: Business Incubator Project (see	
the attached map of project location and the attached summary	
description of project)	
Attach supporting documents as specified in agency instructions.	
Add Attachments - View Attachments - View Attachments	

OMB Number: 4040-0004 Expiration Date: 01/31/2009

Application for I	Federal Assistance SF-424		Version 02				
16. Congressional D	istricts Of:						
* a. Applicant CA	-049	b. Program/Project CA-049					
Attach an additional list of Program/Project Congressional Districts if needed.							
(see attach	ned list) Add Attachment	Delete Attachment View Attachment					
17. Proposed Project	t:						
* a. Start Date: 07	/2008	* b. End Date: 07/2009					
18. Estimated Fundi	ng (\$):						
* a. Federal	2,600,000						
* b. Applicant	3,257,500						
* c. State							
* d. Local	Cutikini						
* e. Other							
* f. Program Income		· ·					
* g. TOTAL	5,857,500						
* 19. Is Application 8	Subject to Review By State Under Execu	tilve Order 12372 Process?					
🔀 a. This application	was made available to the State under the	Executive Order 12372 Process for review on $01/18/20.08$					
b. Program is subje	ect to E.O. 12372 but has not been selected	by the State for review.					
c. Program is not c	overed by E.O. 12372.						
* 20. Is the Applican	Delinquent On Any Federal Debt? (If ")	Yes", provide explanation.)					
Yes X	No Explanation						
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) X ** I AGREE							
specific instructions.	ons and assurances, or an internet site whe	ere you may obtain this list, is contained in the announcement or agency					
Authorized Representative:							
Prefix: Mr.	* First N	lame: Robert					
Middle Name: A.							
*Last Name: Bra	dy						
Suffix:	y.						
*Title: City Manager							
* Telephone Number:	* Telephone Number: 951-674-3124 Fax Number: 951-674-2392						
*Email: bbrady@lake-elsingre.prg							
* Signature of Authorize	ed Representative:	* Date Signed: 01/18/2008					
Authorized for Local Re	eproduction // (UC)	Standard Form 424 (Rev	/ised 10/2005)				

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

							OMB Approval No. 0348-004
APPLICATION FO				2. DATE SUBMITTED 1/15/08	=	Applica	ant Identifier
FEDERAL ASSIST		E					
1. TYPE OF SUBMISSION:		n		3. DATE RECEIVED B	Y STATE	State A	Application Identifier
Application ☐ Construction	ľ	Preapplication Construction					
✓ Non-Construction		□ Non-Construction					
1 Tion-construction		E i ton Construction		4. DATE RECEIVED B	Y FEDERAL	AGENCY Federa	l Identifier
5. APPLICANT INFORMA	TION					1	
Legal Name				Organizational Unit:			
Los Angeles County M	etropoli	tan Transportation	Authority	Programming	& Policy	Analysis	
Address (give city, state, and	zip code):			Name and telephone nur area code)	nber of the p	erson to be contacted o	on matters involving this application (give
One Gateway	Plaza			~			
Los Angeles, California 90012-2952			Kathy Banh (213) 922-763	5			
6. EMPLOYER IDENTIFICE 95 - 44 0 19		NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter ap	ppropriate letter in box)	N
8. TYPE OF APPLICATION				A State H	Independent	School Dist,	
□ New □ Contin	uation [×	Revision - A (Incre	ase of Award)	B County I		lled Institution of Hig	her Learning
		2 110 1510 11 (111010	-50 011111111	D Township K	Indian Trib		
				The Developed Development of the court of th	Individual	Town Assess	
If Revision, enter appropriat	te letter(s)	in box(es):		F Intermunicipal G Special District			
A Increase Award B D	ecrease A	ward C Increase D	uration	S Special Control	(of		
D Decrease Duration Ot	her (<i>speci</i>	fy)		State Chartere	d Transi	t District	
				9. NAME OF FEDERA	L AGENCY		
				Federal Trans	sit Admi	nistration	
10. CATALOG OF FEDERA	AL DOM	ESTIC		11. DESCRIPTIVE TIT	TLE OF APP	LICANTS PROJECT	: /
ASSISTANCE NUMBER							10
TITLE 49 U.S.C.	§ 5316			Long Beach Tra	nsit JARC	C, CA-37-X082-01	STATE CLEARING
12. AREAS AFFECTED BY	PROJEC	T (cities, counties, stat	es, etc.)	-			I MAN FR
		- (,,	,,				1- NN 2 2
County of Los	Angele	es, CA				/	STATE 2000
A PROPOSED PROVIDE			r prompreme on				CLEAD
13. PROPOSED PROJECT		4. CONGRESSIONA		mana me			"ING HO!
Start Date		Ending Date	a. Applicant			b. Project	STATE CLEARING HOUSE
7/1/07		12/31/09	Districts 34, 36	6 through 39, and	46	Same as App	olicant
15. ESTIMATED FUNDING	}		16. IS APPLICATIO	ON SUBJECT TO REVIE	W BY STAT	E EXECUTIVE ORDI	ER 12272 PROCESS?
a Federal	6	219,024.00				VAS MADE AVAILA	BLE TO THE STATE EXECUTIVE
			ORDER 12	2372 PROCESS FOR REV	IEW ON		
1			DATE _ 1/2	15/08			
			b NO □ PR	OGRAM IS NOT COVE	RED BY E O	12372	
			_				
			OR:	PROGRAM HAS NOT B	EEN SELEC	TED BY STATE FOR	REVIEW
b Applicant	\$.00					
c State	\$.00					
d Local	\$	219,024.00					
e Other	\$.00					
f Program Income	\$.00	17. IS THE APPLIC	CANT DELINQUENT ON	ANY FEDE	RAL DEBT?	
					[[]		
			Yes If "Y	es" attach an explanation	× N	lo	
g TOTAL	\$	438,048.00					
				-			AND THE RESERVE OF THE PARTY OF
18. TO THE BEST OF MY KNO GOVERNING BODY OF THE AI							THAS BEEN DULY AUTHORIZED BY THE
a Typed Name of Authorized	Represen	tative	¥		b Title		c Telephone number
CLADVELOWE					Director		(212) 022 2450
GLADYS LOWE					Regional Pr	ogram Management	(213) 922-2459
d. Signature of Authorized Re	epresenta	tive			e. Date Sign	ed	
MX.	4 22 24				101	6-08	
NUM	w/				, ,	•	

Prescribed by OMB Circular A-102

Previous Edition Usable

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01/22/2008 19:37 5106428236	F # 540	5FUNSURED PROJ	JEU 13	FAGE 02/03			
APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTED Applicant Identifier [01/22/2006]						
SF 424 (R&R)	3. DATE RECI	EIVED BY STATE	State Applica	tion Identifier			
1. TYPE OF SUBMISSION	<u> </u>			. In the last to t			
Pre-application Application Changed/Corrected Application	4. Federal Ide	entifier					
5. APPLICANT INFORMATION		Organizational Di	UNS: 12472672	5			
* Logal Name: The Regents of the University of Califor	nia			DEA			
Department: Sponsored Projects Office	Division:			RECEIVED			
* Streat1: 2150 Shattuck Ave. Suite 313	Street2:			JAN 2 3 2008			
City: Berkeley Cou	inty: Alameda	ALL PRINTED TO SECURITION OF LIFE I	State: CA: Cal	fori			
Province:	Country: JNIT	ED S7 * ZIP / Postel Code: 947	04-5940	STATE CLEARING HOUSE			
Person to be contacted on matters involving this applica	ation			The state of the s			
Prefix: * First Name:	Middle Name:	Lasi	Name:	Suffix:			
Patricia		Gates	l				
Phone Number: (510)642-8109 Fax Number: (510)642-8236 Email: SPO_grants_gov@lists.berkeley.edu							
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 7. * TYPE OF APPLICANT:							
94-6002123		H: Public/State Controlled Institution of Higher Education					
8. TYPE OF APPLICATION: Z New		Other (Specify):		10 to 112			
Resubmission Renewal Continuation	Revision	Small लो Women Owned	Business Organiz	ation Type y and Economically Disadvantaged			
If Revision, mark appropriate box(es).	-	9. * NAME OF FEDERAL AGE	NCY:				
圖 A. Increase Award 同 B. Decrease Award 画 C. Inc	rease Duration	Chicago Service Center					
[[iii] D. Decresse Duration [iiii] E. Other (specify)		10. CATALOG OF FEDERAL D	OMESTIC ASSIS	STANCE NUMBER:			
Is this application being submitted to other agencies?	Yes No Z	81.049		1.0			
What other Agencles?		TITLE: Office of Science Final	nclai Assistance F	Program			
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Exploring the spin-spin and spin-charge interactions of M		ellc ultrathin films using electron	spectroscopy and	d microscopy			
12. * AREAS AFFECTED BY PROJECT (cities, counties Berkeley, Alameda, CA	es, slates, etc.)						
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRI	CTS OF:				
Start Date * Ending Date	,	a. * Applicant	b Pro	***************************************			
06/01/2008 05/31/2011		CA-009	CA-D09				
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Profix: First Name: Prof. Zi	R CONTACT INF Middle Name:		Name:	Suffix:			
Position/Title: Associate Professor	• Organizatio	on Name: The Regents of the Ur	niversity of Califor	nia			
Department: Physics	Division:	1 2 C. C. C. C. M. W. C. C. C. W. C.					
* Streat1: 365 LeConte Hall	Street2:		THE RESIDENCE AND LINE A				
* City: Berkeley Cou	inty: Alameda	No. 4016 - 200 115 1000 - 10 1 1000	* State: CA: Cal	for			
Province:	Country: JNIT	ED ST ZIP / Postal Code:	94720-7300				
* Phone Number: (510)642-2959 Fa	x Number: (510))843-8497 E	mall: qiu@socra	ites,berkeley.edu			

OMB Number: 4040-0001

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

5106428236

Page 2

16. ESTIMATED PROJECT FUNDIN	G	17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?				
a. * Total Estimated Project Funding b. * Total Federal & Non-Federal Fund	450,000.00 s 450,000.00	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:				
c. * Estimated Program Income	0.00	DATE: 01/22/2008				
.		b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR				
		PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)						
* The list of certifications and assurance	as, or an internet site where you may obta	in this list, is contained in the ennouncement or agency specific instructions.				
19. Authorized Representative		-				
Prefix; * First Name:	Middle Name:	* Last Name: Suffix:				
Patricia		Gates				
* Position/Title: Assistant Director, I	ederal Projects * Organizati	on: The Regents of the University of California				
Department: Sponsored Projects	Office Division:					
* Street1: 2150 Shattuck Ave.	Suite 313 Street2:					
* City: Berkeley	County: Alameda	* State: CA: Califori				
Province:	Country: JNIT	ED ST ZIP / Postal Code: 94704-5940				
Phone Number: (510)642-8109	Fax Number: (510	842-8236 * Émail: SPO_grants_gov@lists.berkeley.edu				
* Signature of Auth	orized Representative	* Date Signed				
	nission to Grants.gov	Campleted on submission to Grants.gov				
20. Pre-application		AND MATTER COMMENTS OF THE COM				
21. Attach an additional list of Pro	ect Congressional Districts if ne	eded.				
	Add Attachmant	A Control of the second of the property				

OMB Number: 4040-0001

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE 2. DATE SUBMITTED 07/24/2007		Applicant Identifier 07-432			
1. TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY STATE		State Applicat	ion (dentifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	ENCY Federal Identif	her
Non-Construction	☐ Non-Construction				
5. APPLICANT INFORMATIO					
Legal Name:			Organization	al Unit:	
San Joaquin Valley Ur	nified Air Pollutio	n Control District	Department: Administration	<u> </u>	
Organizational DUNS: 786808394				Services Division	
Address:				ephone number of pe application (give are	rson to be contacted on matters
Street: 1990 East Gettysburg Avenue			Prefix:	First Name:	a vote)
			Mr.	Ryan	
Cily: Fresno			Middle Name L		
County: Fresno			Last Name Kincald		
State: CA	Zip Code 93726-0244		Suffix:		
Country:			Email: ryan.kincaid@	vallevair org	
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):			r (give area code)	Fax Number (give area code)
•			(559) 230-602		(559) 230-6063
77-026256 8. TYPE OF APPLICATION:	3]		<u> </u>		c of form for Application Types)
₽ Ne		n Revision	G.		
if Revision, enter appropriate le (See back of form for descriptio	n of letters.)	_	Other (specify)		Í
(Soo observe the sound of the s					
Other (specify)			9. NAME OF F EPA - Region	EDERAL AGENCY: 9	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIP	TIVE TITLE OF APPLI	CANT'S PROJECT:
1		ଜ୍ଞ ନ୍ଦ୍ର	Clean Air Act	Section 105	
_E (Name of Program):		66-001	1		
air pollution cont	rol program support	t (105)			
12. AREAS AFFECTED BY PF	ROJECT (Cities, Counties	, States, etc.):]		
Fresno, Kern, Kings, Madera, I	lerced, San Joaquin, Star	nislaus, & Tulare County.			·
13. PROPOSED PROJECT			14. CONGRES	SSIONAL DISTRICTS	OF:
Start Date:	Ending Date: 09/30/2008		a. Applicant	10 0000 0001 0000	b. Project
10/01/2007 15. ESTIMATED FUNDING:	09/30/2008		L .		D611 0618 0619 0620 0621 0622 REVIEW BY STATE EXECUTIVE
			ORDER 12372	PROCESS?	
a. Federal \$		2,028,348			VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$	•.	8,949,104		ROCESS FOR REVIEW	
c. State \$		- 00	DA	ATE: 07/11/2005	
d. Local \$.00	b. No. 🎞 PR	ROGRAM/IS NOT COV	ERED BY E. O. 12372
e. Other \$, ou		R PROGRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income \$.00			NT ON ANY FEDERAL DEBT?
g. TOTAL \$	-	10.977.452	Yes If "Yes	" attach an explanation	. 🕅 No
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF.				
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE G	SOVERNING BODY OF T	HE APPLICAN	T AND THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative					
Prefix Mr.	First Name Seyed			Middle Name	
ast Name Sadredin				Suffix	
. Title				c. Telephone Number	(give area code)
Frecutive Director / A.P.C.O. nature of Authorized Repres	sentative J			(559) 230-6020 e. Date Signed	
	y se			07/24/2007	

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

	2. DATE SUBMIT	TED	Applicant Identi	ifier		
APPLICATION FOR FEDERAL ASSISTANCE	28 January, 2008					
SF 424 (R&R)	3. DATE RECEIVE	D BY STATE	State Application	on Identifier		
1. *TYPE OF SUBMISSION				(Date Sangara Constants)		
☐ Pre-application ☐ Application	4. Federal Identifi	er		RECEIVED		
	DE-FG36-08GO18	031				
5. APPLICANT INFORMATION	* Organ	izational DUNS:	785331732	JAN 2 8 2008		
* Legal Name: Hamilton Sundstrand Corporation				STATE CLEARING HOUSE		
Department:	Division: Space, L	and & Sea Rocket	dyne	oce and noop		
* Street 1: 6633 Canoga Ave	Street 2:					
* City: Canoga Park County: Los Angeles * State: CA * ZIP Code: 91303						
* Country: U.S.A.						
Person to be contacted on matters involving this app	olication:					
Prefix: * First Name Middle Name	me	* Last Name		Suffix:		
Gregory Scott	F	omatto				
* Phone Number: (818) 586-8145 Fax Numb	per: (818) 586-1191	* Email:	gregory.pomatto@	@pwr.utc.com		
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICANT: Q				
061543584		Select Appropriate Applicant Type Code				
8.* TYPE OF APPLICATION: New		Other (Specify):				
Resubmission Renewal Continuation	Revision		siness Organization Socially and E	Type conomically Disadvantaged		
If Revision, mark appropriate box(es): A. Increase Award B. Decrease Award C. Inc D. Decrease Duration E. Other (Specify)	crease Duration		EDERAL AGENCY nt of Energy	<i>(</i> :		
B. Besicuse Balation D. E. Stiler (Spesify)		10. CATALOG	F FEDERAL DON	MESTIC ASSISTANCE		
* Is this application being submitted to other agencie	s? Yes 🗆 No 🔯	NUMBER:	81.041			
What other Agencies?	o. 100 🗀 110 💆	Title: State Energ	ny Program			
11. * DESCRIPTIVE TITLE OF APPLICANT'S PRO	JECT:	THO. CHAIN ENTER	<u></u>			
Solar Power Molten Salt Pump Salt Development						
12. * AREAS AFFECTED BY PROJECT (cities, cou						
Los Angeles, County of Los Angeles; CA Odessa, C	39 - 9	rida				
13. PROPOSED PROJECT:			IONAL DISTRICTS	S OF:		
* Start Date * Ending Date		a. * Applicant	b. * Proje	i		
01/01/08 08/31/10		CA-027	CA-027;	1		
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGA	TOR CONTACT IN					
	e Name	* Last Name	2000	Suffix:		
Michael Willia		McDowell				
Position/Title: Program Manager			ce, Land & Sea Ro	ocketdyne		
Department: SLS Business Management	Division:		• • • • • • • • • • • • • • • • • • • •	, in the second		
* Street 1: 6633 Canoga Avenue Street 2:						
* City: Canoga Park County:	Los Angeles	* Sta	ate: CA	*Zip Code: 91303		
* Country U.S.A.	•			,		
* Phone Number (818) 586-5256 Fax Num	nber: (818) 586-11	91 * Email:	Michael.mcdow	ell@hsr.utc.com		

1-27-07; 9:32AM; Shared Printer Room

OMB Number: 4040-001 Expiration Date: 4/30/2008

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SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING				17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?						
b. * Tota	al Federal	ed Project Funding & Non-Federal Funds	\$4,373,8 \$4,373,8 \$0		а. У	ES		AVAILABLE	TO THE S	ON/APPLICATION WAS MADE FATE EXECUTIVE ORDER REVIEW ON:
c. * Esti	mated Pro	gram Income				DATE	Ξ:	28 January	2008	
					b. N	10		PROGRAM	IS NOT CO	VERED BY E.O. 12372; OR
								PROGRAM FOR REVIE		BEEN SELECTED BY STATE
18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting forms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) X * I agree										
• The		cations and assurances, or an int	ernet site wh	ere vou m:	av obta	in this	s. is con	tained in the and	nouncement or a	gency specific instructions.
		presentative	on on one one	<u> </u>	<u>.,</u>		5, 10 00			goro, openio il 100 and 100 an
	* First Na	•	Middle	Name			* La	st Name		Suffix:
	Gregory		Scott				Pon	natto		
* Positio	n Title:	Contract Adminstrator		* Orga	nizati	ion:	Han	niiton Sundst	rand Corpor	ation
Departm	ent:	Contracts		Divisio	n:		Spa	ce, Land & S	Sea Rocketdy	yne
* Street	1:	6633 Canoga Ave.		Street	2:					
* City	Canoga	Park	County:	Los Ar	ngeles	S		State:	CA	* Zip Code:
* Country	y:									
* Phone	Number:			Fax No	ımbe	r:			* Email:	
0	* Si	gnature of Authorized Rep	resentativ	/e					* Date	e Signed
La	y and	Sult Dine	15	}			. <u> </u>	28 J	MONUMA	1 2008
				J	•					
20. Pre-a	application	: If Submitting a Preapp	lication, P	rovide S	umm	ary [Descri	ption of Proje	ect	
21. Addi	itional list o	of Project Congressional [Districts if	needed:						

OMB Number: 4040-001 Expiration Date: 4/30/2008

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMIT		Applicant Iden	plicant Identifier		
	28 January, 2008					
SF 424 (R&R)	3. DATE RECEIV	ED BY STATE	State Applicati	on Identifier		
1. TYPE OF SUBMISSION				ANNUAR SALEMENT OF THE PROPERTY OF THE PROPERTY OF ANNUAR MANAGEMENT OF THE ANNUAR MANAGEMENT OF THE PROPERTY		
Pre-application Application	4. Federal Identif	ler		RECEIVED		
☐ Changed/Corrected Application	DE-FG36-08GO18			7111 0 0 7hno		
5. APPLICANT INFORMATION	_	nizational DUNS:	785331732	JAN 2 8 2008		
* Legal Name: Hamilton Sundstrand Corporation				STATE CLEARING HOUSE		
Department:	Division: Space, L	and & Sea Rocket	dyne	OTATE OCCURRENCE TO COL		
* Street 1: 6633 Canoga Ave	Street 2:					
* City: Canoga Park County:	Los Angeles	* Stat	e: CA * Z	IP Code: 91303		
* Country: U.S.A.						
Person to be contacted on matters involving this app	lication:					
Prefix: *First Name Middle Nan	ne	* Last Name		Suffix:		
Gregory Scott	ŗ	Pornatto				
* Phone Number: (818) 586-8145 Fax Numb	er: (818) 588-1191	• Email:	gregory.pomatto	@pwr.utc.com		
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. TYPE OF A	PPLICANT: Q			
061543584		Select Appropriate Applicant Type Code				
8. * TYPE OF APPLICATION: New		Other (Specify):				
Resubmission Renewal Continuation	Revision		sinese Organization Socially and	Type Economically Disadvantaged		
If Revision, mark appropriate box(es):		9. * NAME OF FE		Y:		
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Inc	rease Duration	Departmei	nt of Energy			
☐ D. Decrease Duration ☐ E. Other (Specify)			- 4			
		10. CATALOG C NUMBER:	F FEDERAL DO 81.041	MESTIC ASSISTANCE		
* Is this application being submitted to other agencles	a? Yes ☐ No Ø	HOMBER.	21.041			
What other Agencies?		Title: State Energ	y Program			
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJ	JECT:					
Solar Power Tower Receiver Development						
12. * AREAS AFFECTED BY PROJECT (cities, cour	nties, states, etc.)					
Las Angeles, County of Los Angeles; CA						
13. PROPOSED PROJECT:		14. CONGRESS	IONAL DISTRICT	'8 OF:		
* Start Date * Ending Date		a. *Applicant	b. * Proj	ect		
01/01/08 08/31/09		CA-027	CA-027			
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGA	TOR CONTACT IN	FORMATION				
	Name	* Last Name		Suffix:		
Michael William		McDowell				
Position/Title: Program Manager	- Law wasa	tion Name: Spa	ce, Land & Sea R	ocketdyne		
Department: SLS Business Management	Division:					
* Street 1: 6633 Canoga Avenue Street 2:						
* City: Canoga Park County:	Los Angeles	* Sta	ate: CA	*Zlp Code; 91303		
* Country U.S.A.						
* Phone Number (818) 586-5256 Fax Num	ber: (818) 586-11	91 * Email:	Michael.mcdov	vell@hsr.utc.com		

OMB Number: 4040-001 Expiration Date: 4/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE							Page 2	
16. ESTIMATED PROJECT FUNDING				17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?				
	ed Project Funding & Non-Federal Funds	\$2,863,6 \$2,863,6 \$0		Ø	AVAILABL	E TO THE	ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER R REVIEW ON:	
c. * Estimated Pro	ogram Income	•=	DAT	E:	28 January	, 2008		
			b. NO		PROGRAM IS NOT COVERED BY E.O. 12372; OR			
					PROGRAM		BEEN SELECTED BY STATE	
	or administrative penalti or agree cations and assurances, or an in presentative	·	·		•	nouncement o	r agency epecific instructions.	
Prefix: * First Name		Middle Name		• L	* Last Name		Suffix:	
Gregory		Scott		Poi	matto			
Position Title:	Contract Adminstrator		* Organization:	Hai	milton Sunda	rand Corpo	pration	
Department:	Contracts		Division:	Spa	ace, Land & S	Sea Rocket	dyne	
* Street 1:	6633 Canoga Ave.		Street 2:					
City Canoga	Park	County:	Los Angeles		State:	CA	* Zip Code:	
* Country:								
* Phone Number: Fax			Fax Number:		* Email:			
* Signature of Authorized Representative					Date Signed			

20. Pre-application: If Submitting a Preapplication, Provide Summary Description of Project

21. Additional list of Project Congressional Districts if needed:

OMB Number: 4040-001 Expiration Date: 4/30/2008

APPLICATION FOR FEDERAL ASSISTANCE 1. YOF GF 2. YOF GF 3. NAME of GF 3. YOF GF 3. Y						Version 7/			
SUBMISSION: Application Control Contro			2. DATE SUBMITTE	D	Applicant Identifier				
Construction Gonzanuction Gonzan	SUBMISSION: Pre-application		3. DATE RECEIVED	BY STATE	State Application Identifier				
SAPPLICANT INFORMATION Legal Name: SIERRA ECONOMIC DEVELOPMENT CORPORATION Organizational DUNS: OR-885-5885 Address: Name and solicitions enumber of person to be contacted on matters involving this application (give area code) Prefix: See WALL STREET, STE. F City: AUBURN Cauthy: PAGER Zg Code: Suffox Suffox Suffox Suffox Suffox SAPPLICANT (See back of form for Application Types) Revision, enter appropriate letter(s) in box(es) (Sco back of form for description of letters.) Other (specify) Other (specify) Other (specify) TITLE (Name of Program: 11-302 TITLE (Name of Program: 12-APCAS PETERETED BY PROJECT (Cricic, Courrier, States, etc): EL DORADO, NIVADA, PLACER S SIERRA COUNTIES SISTIMATED FUNDING: 15-REPORTED FOR SPECIAL TO REPORT (See back of form for Application Types) 16-Septimate 17-Septimate 11-Source 11-Source SISTIMATED FUNDING: 16-Septimate 17-Septimate 18-Septimate 19-Septimate 19-Septimate 19-Septimate 11-Source 10-Septimate 11-Source 11-	☐ Construction	☐ Non-	4. DATE RECEIVED	DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
Legal Name: Originizational Unit: Departmant: Departmant: Departmant: Departmant: Departmant: Departmant: Departmant: Departmant: Departmant: Division: Division: Division: Division: Division: Division: Division: Street: Prefix: First Name: BRENT First Name: BRENT First Name: BRENT First Name: BRENT First Name: Division: Divisi			J		J				
Devicion: Dev	Legal Namo:		PORATION						
Involving this application (give sires octor) First Name: Steet See			- CICKITOIT	Division:					
See WALL STREET, STE. F	Address:								
SEQ WALL STREET, STE. F Middle Name: AUBURN County: PLACER Sign Suffix Suffix Country: USA Email: Sign Suffix Sign Suffi	Street:			Prefix:					
AURUNN		r, STE. F		Middle Name:		DECEIV			
Statie: CA CA COUNTY: USA 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1705043 8. TYPE OF APPLICATION: New Continuation Revision if Revision area code) (520) 823-4703 7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) DO Inter (specify) Other (specify) DO Inter (specify) Other (specify) EDD S. NAME OF FEDERAL AGENCY: ECONOMIC DEVELOPMENT ADMINISTRATION 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 11.302 ITILE (Name of Program): 12. ARTAS AFFECTED BY PROJECT (Citics, Counties, States, etc): EL DORADO, NEVADA, PLACER & SIERRA COUNTIES 13. PROPOSED PROJECT Stert Date: JOHN DOOLITTLE 4 JOHN	AUBURN	**	,			Uroria			
Statie: CA CA COUNTY: USA 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1705043 8. TYPE OF APPLICATION: New Continuation Revision if Revision area code) (520) 823-4703 7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) DO Inter (specify) Other (specify) DO Inter (specify) Other (specify) EDD S. NAME OF FEDERAL AGENCY: ECONOMIC DEVELOPMENT ADMINISTRATION 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 11.302 ITILE (Name of Program): 12. ARTAS AFFECTED BY PROJECT (Citics, Counties, States, etc): EL DORADO, NEVADA, PLACER & SIERRA COUNTIES 13. PROPOSED PROJECT Stert Date: JOHN DOOLITTLE 4 JOHN	County: PLACER					JAN 3 0 2			
Email: brent@sodd.org STATE CLEARING USA EMPLOYER IDENTIFICATION NUMBER (EIN): Phone Number (give area code) Fax Number (give area code)			5603	Suffix:	-				
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1705043 8. TYPE OF APPLICATION: New Continuation Revision Revisio	Country:					STATE CLEANING			
8. TYPE OF APPLICATION: New Continuation Revision Revision Revision Revision Revision Revision Revision, enter appropriate letter(s) in box(ex)		ATION NUMBER (EIN)	:		ex Number (give area code)				
Revision, enter appropriate letters) in box(es) Cac back of form for description of letters.									
9. NAME OF FEDERAL AGENCY:	If Revision, enter approprial (See back of form for descri	ew Continuation to letter(s) in box(es)	n Revision		Г: (See back o	of form for Application Types)			
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EL DORADO, NEVADA, PLACER & SIERRA COUNTIES 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date: 04/01/2008 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ONDER 12372 PROCESS? a. Federal b. APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ONDER 12372 PROCESS? a. Federal b. APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ONDER 12372 PROCESS? a. Federal b. APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ONDER 12372 PROCESS ON THIS PREAPPLICATION/APPLICATION WAS MADE b. APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ONDER 12372 PROCESS ON THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS ON THIS PROGRAM IS NOT COVERED BY E. O. 12372 DATE: 1/30/08 b. No DATE: 1/30/08 b. No PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW g. TOTAL s. 152,000 Tyss if "Yes" attach an explanation. No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative BRENT Last Name SMITH b. Titlo PRESIDENT / CEO C. Telophone Number (give area code) (530) 823-4703 C. Telophone Number (give area code) (530) 823-4703 C. Telophone Number (give area code) (530) 823-4703 DATE: 1/30/03	TITLE (Name of Program):			ECONOMIC DEVELOPMENT PLANNING PROGRAM					
Start Date: 04/01/2008 03/31/2009 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12:372 PROCESS? a. Federal \$ 76,000 a. Yes \$ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12:372 PROCESS? c. State \$ FOR REVIEW ON DATE: 1/30/08 d. Local \$ 76,000 DATE: 1/30/08 b. No PROGRAM IS NOT COVERED BY E. O. 12:372 OR PROGRAM IS NOT COVERED BY E. O. 12:372 FOR REVIEW f. Program Income \$ 152,000 PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL \$ 152,000 Possible Tyes of The State an explanation. No	EL DORADO, NEVADA, PL	ACER & SIERRA CO	ounties, States, etc): UNTIES						
O4/01/2008 O3/31/2009 JOHN DOOLITTLE 4 JOHN DOOLITTLE 4		Ending Date	· · -						
A Federal \$ 76,000 a. Yes ☑ THIS PREAPPLICATION WAS MADE A ADPLICANT C. State \$ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 1/30/08 b. No ☐ PROGRAM IS NOT COVERED BY E. O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINOUENT ON ANY FEDERAL DEBT? B. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICANT ON AND THE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix BRENT BRENT Middle Name Suffix c. Yelophone Number (give area code) (530), 823-4703 e. Date Signed 1 / 30/08	04/01/2008			JOHN DOOLITTLE 4		JOHN DOOLITTLE 4			
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d. Local \$ 76,000 DATE: 1/30/08 c. Other \$ DATE: 1/30/08 b. No PROGRAM IS NOT COVERED BY E. O. 12372	b. Applicant \$		76,000	AVAILABLE TO THE STA					
b. No PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program Income g. TOTAL s 152,000 Yos if "Yos" attach an explanation. No No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name SMITH b. Titlo PRESIDENT / CEO d. Signature of Authorized Representative Document Has been Duly Authorized Representative C. Telophone Number (give area code) (530) 823-4703 e. Date Signad 1/30/03			76.000		0/08				
f. Program Income g. TOTAL s 152,000 ☐ Yes If "Yes" attach an explanation. ☑ No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name BRENT Last Name SMITH b. Titlo PRESIDENT / CEO d. Signature of Authorized Representative 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? ☐ Yes If "Yes" attach an explanation. ☑ No In Middle Name Supplication of Authorized Representative 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Suffix Suffix c. Telophone Number (give area code) (530) 823-4703 d. Signature of Authorized Representative 1 / 30/08			70,000	b. No PROGRAM OR PROGR	IS NOT COVE				
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